

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/338221
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51				1		
2			1				52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13			1				63						
14				1			64						
15							65						
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18							68						
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31							81						
32							82						
33							83						
34							84						
35				1			85						
36			1				86						
37			1				87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓	26	↓		↓
TOTAL CLAIMS							TOTAL CLAIMS			31			